



# SESSION 6

## Concluding Discussion and Next Steps

### Co-Moderators

S. Gail Eckhardt, Baylor College of Medicine  
Roy S. Herbst, Yale University

### Speakers

Session 1: Elena Martínez and S. Gail Eckhardt

Session 2: Nigar Nargis and Gwen Darien

Session 3: S. Gail Eckhardt and Roy S. Herbst

Session 4: Roy Jensen and Roy S. Herbst

Session 5: Chanita Hughes-Halbert and Robert Winn



## Session 1

### Overview of Research on the Effects of Tobacco and Alcohol Use on Cancer-Related Health Outcomes

#### POLICY OPPORTUNITIES TO ADVANCE PROGRESS

- Tobacco is the no. 1 cause of cancer deaths in the U.S. and globally.
- Tobacco products are heterogeneous...they all cause cancer.
- E-cigarettes, nicotine pouches, heated tobacco, and waterpipe are more commonly used by younger people in the US, but their impact on cancer is less understood.
- Plausible biologic/genetic mechanisms exist. Less information on biological effects of newer tobacco products.
- Messaging for indigenous communities needs to take into account its dual role: Traditional use vs. commercial use. Being tobacco free is not a goal for these communities.



## Session 1

### **Overview of Research on the Effects of Tobacco and Alcohol Use on Cancer-Related Health Outcomes**

#### **POLICY OPPORTUNITIES TO ADVANCE PROGRESS**

- 4% of cancers is attributable to alcohol consumption vs. 20% for tobacco. Nearly a quarter (24%) of the global cancer burden is attributable to tobacco and alcohol.
- Definition of “heavy” alcohol consumption, might not be perceived as such.
- Alcohol consumption increases cancer risk even at moderate levels, with breast, liver, and esophageal cancers most affected.
- Data on episodic drinking are lacking.
- Cancer prevention efforts have primarily focused on smoking, while alcohol-related cancer risks remain underrecognized and under addressed.
- Gaps in regulation and public awareness persist, including alcohol labeling and emerging tobacco products.
- Expand public health education on alcohol and tobacco as modifiable cancer risks.
- Support regulations such as cancer risk labeling.
- Advance research on genetic and biological effects of emerging tobacco products.
- Enhance national and global partnerships for policy action and surveillance.





## Session 2

### Tobacco Control Policy: Lessons Learned and Next Steps

#### KEY ISSUES IDENTIFIED BY SESSION SPEAKERS AND PANELISTS

- Tobacco and alcohol issues remain siloed, despite overlapping health risks and addiction pathways.
- The content of warnings on alcohol labels to communicate associated health risks has not been studied yet, raising questions about the use of graphic health warnings as in tobacco product labels.
- It is important to leverage lessons from tobacco awareness campaigns; restrictions on tobacco advertisement, promotion and sponsorship; and communications of anti-tobacco messages to increase public knowledge and perception of alcohol's cancer risks.
- The appeal and consequences of the triad of nicotine, cannabis, and alcohol use among youth and young adults are far less than understood and should be addressed in research to better enable downstream positive effects throughout the lifespan.
- Cigarette tax increases are effective when combined with minimum price policies and restrictions on discounts and price promotions that address smoking lower-priced cigarettes.
- Community-level engagement is crucial for both tobacco and alcohol control interventions targeted to marginalized communities.
- Smoking increases cancer treatment failure rates and timely cessation can increase the survival rate significantly; yet it is not adequately addressed in cancer care.



## Session 2

### Tobacco Control Policy: Lessons Learned and Next Steps

#### POLICY OPPORTUNITIES TO ADVANCE PROGRESS

- Strengthen alcohol and tobacco regulations, including tax increases, warning labels, advertising restrictions, and flavor bans.
- Expand smoking cessation initiatives in cancer care integrating cessation support into treatment plans.
- Enhance public awareness campaigns as well as community participation to highlight the cancer risks of alcohol and tobacco.
- Tackle industry interference in policy formulation and implementation.
- Support global frameworks like FCTC to guide evidenced-base policy changes and international collaboration.



## Session 3

### Developing Alcohol Policy: What is Known, What Can be Learned from Tobacco Policy, and What's Next?

#### KEY ISSUES IDENTIFIED BY SESSION SPEAKERS AND PANELISTS

- Price, including discounts, affordability, and taxes have been important in reducing the use of tobacco; applicable to alcohol
- Low public awareness of alcohol's cancer risks leads to misinformation and low adherence to health guidelines; we need to model awareness campaigns like tobacco but *go fast*
- Alcohol is marketed differently than tobacco, often linked to aspirational values like freedom, empowerment, social success, which complicates public health messaging.
- Alcohol marketing targets youth through social media, product placement, and branding that appeals to younger audiences.
- Self governing of marketing to youth by industry is not working
- Lessons from tobacco policy show that taxation can reduce consumption, but structural and behavioral differences make alcohol consumption more complex.



## Session 3

### Developing Alcohol Policy: What is Known, What Can be Learned from Tobacco Policy, and What's Next?

#### POLICY OPPORTUNITIES TO ADVANCE PROGRESS

- Leverage lessons from tobacco campaigns to *accelerate* public understanding of alcohol's cancer risks.
- Support policies on alcohol advertising and youth exposure, including warning labels, content restrictions, and utilize counter-advertising.
- Integrate behavioral science into policy development to enhance effective communication strategies.
- Promote lower alcohol content beverage options through incentives and industry regulations.





## Session 4

### Evidence-Based Interventions for Tobacco Cessation and to Help Patients Reduce Alcohol Use

#### KEY ISSUES IDENTIFIED BY SESSION SPEAKERS AND PANELISTS

- Alcohol and tobacco use can begin due to a variety of individual (knowledge), social (peer influences, family, social norms), and structural factors (community settings). Early prevention remains a challenge, particularly among youth.
- Successful evidence-based cessation programs like Quitline and E2Q are exploring how to scale to the population health level given that access disparities persist, particularly among minoritized and low-income populations who face barriers such as healthcare access, language differences, and low participation in cessation studies.
- School-based alcohol prevention programs have shown mixed results, whereas tobacco counter-marketing strategies in bars suggest potential crossover effects on alcohol use. More research is needed to evaluate interventions that address both substances.
- The shift from combustible tobacco to smoke-free nicotine products is growing, and FDA-approved medications for nicotine use disorder (NUD) show promise. However, large-scale clinical trials, particularly for GLP-1 receptor evaluations in addiction treatment, are needed.





## Session 4

### Evidence-Based Interventions for Tobacco Cessation and to Help Patients Reduce Alcohol Use

#### POLICY OPPORTUNITIES TO ADVANCE PROGRESS

- Digital interventions like email-based smoking cessation strategies for alcohol reduction efforts could provide personalized, scalable intervention methods.
- Enhancing Quitline services to incorporate alcohol cessation support could leverage its effectiveness in reaching diverse populations.
- A population-based framework, including media, worksite policies, and provider advice, may help shift alcohol use norms.
- Some community-based and faith-based programs illustrate the potential for integrating addiction treatment into culturally relevant and non-traditional settings to improve outcomes for minoritized communities.
- Further exploration of the crossover effects between tobacco counter-marketing and alcohol use reduction could inform dual-substance interventions. Expanding motivational interviewing studies and multi-level interventions could refine strategies for both tobacco and alcohol reduction.



## Session 5

### Addressing Gaps in Evidence, Practice, and Policy for Tobacco and Heavy Alcohol Use

#### KEY ISSUES IDENTIFIED BY SESSION SPEAKERS AND PANELISTS

- Smoking is an addiction. Stigma needs to be addressed before clinicians and the health system can effectively support patients, promote early detection, and achieve significant advancements in treatment outcomes.
- Understanding the relationship between alcohol, tobacco, and cancer is complicated by the need for large sample sizes, reliance on self-reported exposure data, long latency periods, and complex interactions with confounding variables. More precise measurement methods beyond ICD codes are essential for accurate assessment.
- A comprehensive youth-focused policy framework should address product characteristics (such as flavors), youth-targeted marketing, access restrictions (including taxation), labeling with health warnings, and public health surveillance for both tobacco and alcohol use. In the U.S., these policies are more consistently applied to tobacco than to alcohol. Expanding research efforts to include cannabis should also be considered.
- Conclusions about the association between moderate drinking and cancer incidence have low to moderate certainty for breast cancer and remain inconclusive for colorectal cancer. Study design limitations, along with unaccounted confounders and mediators, present ongoing challenges. Further research is needed to refine exposure assessments, account for abstainer bias, and better understand the correlation between alcohol consumption and cancer outcomes.
- Key gaps in tobacco use reduction interventions include limited access to cessation resources and studies, the underutilization of digital tools, insufficient regulation and policy enforcement, inadequate relapse prevention strategies, low public awareness, underfunded research, and educational gaps.
- The relationship between alcohol excise taxes and alcohol consumption has sufficient evidence, but also has substantial evidence gaps, including data on economic and health impacts.



## Session 5

### Addressing Gaps in Evidence, Practice, and Policy for Tobacco and Heavy Alcohol Use

#### POLICY OPPORTUNITIES TO ADVANCE PROGRESS

- Enhance clinician training in empathetic communication to reduce stigma, improve patient psychological well-being, and increase treatment compliance. Incorporate culturally and community-tailored approaches to increase public awareness and ensure more effective and inclusive care.
- Revise public health campaigns to be clear, direct, and hopeful, shifting away from fear- or loss-based messaging to encourage positive behavior change.
- Implement comprehensive policy measures by regulating alcohol flavors, youth-targeted marketing, and seller locations. Leverage successful tobacco control strategies (taxation and price increases) to reduce alcohol affordability and consumption. Strengthen tobacco policies by expanding federal and state retailer restrictions across all products to enhance public health impact.
- Leverage large electronic health record-based cohorts to improve exposure measurement, reduce reliance on self-reported data, and enhance understanding of the relationship between alcohol, tobacco, and cancer.
- Enhance future alcohol and tobacco research by implementing continuous market surveillance for product innovation and diversification, adopting diverse study designs, and improving exposure measurement methods to strengthen findings.